

FILED MAR 14 1949

STANDARD CERTIFICATE OF DEATH

State File No.

4081

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>281</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elwood</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None.</u>			
3. NAME OF DECEASED (Type or Print) <u>Ralph</u>		a. (First) <u>Ralph</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Heater</u>	
4. DATE OF DEATH <u>March 7 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>October 9 1876</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>7</u> DAYS <u>7</u> HOURS <u>1</u> MIN. <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>Bedford, Iowa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oliver Heater</u>		13b. MOTHER'S MAIDEN NAME <u>Clarissa Chaney</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Heater</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-10-3187</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Colley</u> ADDRESS <u>518 Mitchell Ave. St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neuro failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2+ years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 19 <u>48</u> , to <u>March 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 7</u> , 19 <u>49</u> , and that death occurred at <u>1:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lucile W. L. M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>902 E. 11th St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>3-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 11, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hatter Meierhoff</u>		ADDRESS <u>1046 Colhoun St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by*****

***** *

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.